

EXHIBIT 15

| | | | | | | | | | | | | |
|---|------------------------|---|-----------------------------------|-------------------------|------|---|-----|--|---------------|-----|--------|--------------------------|
| COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-081A (Rev. 4-89)-31 | | | | | | | | | | | | PAGE _____ OF _____ PAGE |
| Crime HOMICIDE# 2/01 Pct. 43 OCCB No Complaint No Date of This Report 2412 02/13/01 | | | | | | | | | | | | 14 PERP 1 |
| Date of Orig. Report 02/12/01 | Date Assigned 02/12/01 | Case No. 624 | Unit Reporting 43 PDS | | | | | | Follow-Up No. | | | PERP 2 |
| Complainant's Name - Last, First, M.I. Victim's Name - If Different | | | | | | | | | | | | 15 |
| P.S.N.Y. FOR ALBERT ACOSTA | | | | | | | | | | | | |
| Last Name, First, M.I. Address, Include City, State, Zip Apt. No. | | | | | | | | | | | | PERP 1 |
| Home Telephone | | Business Telephone | | Position / Relationship | | | Sex | Race | Date of Birth | Age | PERP 2 | |
| Total No. of Perpetrators Wanted Arrested Weapon Describe Weapon (if firearm, give color, make, calibre, type, model, etc.) <input type="checkbox"/> Used <input type="checkbox"/> Possessed | | | | | | | | | | | | 16 |
| Wanted Arrested Last Name, First, M.I. Address, Include City, State, Zip Apt. No. Res. Pct. | | | | | | | | | | | | CHOICE 1 |
| Perp No. 1 Sex Race Date of Birth Age Height Ft In Weight Eye Color Hair Color Hair Length Facial Hair NYSID No. <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Clothing Description. Nickname, First Name, Alias Scars, Marks, M.O., Etc. (Continue in "Details") | | | | | | | | | | | | CHOICE 2 |
| Wanted Arrested Last Name, First, M.I. Address, Include City, State, Zip Apt. No. Res. Pct. | | | | | | | | | | | | 17 CHOICE 1 |
| Perp No. 2 Sex Race Date of Birth Age Height Ft In Weight Eye Color Hair Color Hair Length Facial Hair NYSID No. <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses Clothing Description. Nickname, First Name, Alias Scars, Marks, M.O., Etc. (Continue in "Details") | | | | | | | | | | | | CHOICE 2 |
| 1 WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS." | | | | | | | | | | | | 18 CHOICE 1 |
| Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No | | In Person <input type="checkbox"/> | By Phone <input type="checkbox"/> | Date | Time | Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/> | | | | | | CHOICE 2 |
| Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No | | In Person <input type="checkbox"/> | By Phone <input type="checkbox"/> | Date | Time | Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/> | | | | | | 19 CHOICE 1 |
| Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes - Make Entry in Body Re. Time, Date, Names, Addresses, Results | | | | Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes - Make Entry in Details Re. Time, Date, Evidence Obtained | | | | CHOICE 2 |
| Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future | | Results: | | | | | | | | | | 20 PERP 1 |
| Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future | | Results: | | | | | | | | | | PERP 2 |
| Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No | | By (Enter Results in Details) | | | | Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No | | By (Enter Results in Details) | | | | PERP 1 |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details: <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted | | | | | | | | | | | | PERP 2 |
| DETAILS: | | | | | | | | | | | | 21 PERP 1 |
| INVESTIGATION: HOMICIDE# 2/01 SUBJECT; NOTIFICATION TO GANG INTELL | | | | | | | | | | | | PERP 2 |
| 1. On 02/12/01 the U/S contacted Det. Shaw from Gang Intell and requested a S.A.R.R.S inquiry on the following: | | | | | | | | | | | | 22 PERP 1 |
| ANTHONY MANGANELLO.....NEGATIVE RESULTS | | | | | | | | | | | | PERP 2 |
| ALBERT ACOSTA.....NEGATIVE RESULTS | | | | | | | | | | | | 23 PERP 1 |
| 2. CASE ACTIVE. | | | | | | | | | | | | PERP 2 |
| PLAINTIFF'S EXHIBIT 17 For 1D 12-20-07 | | | | | | | | | | | | 24 PERP 1 |
| PERP 2 | | | | | | | | | | | | PERP 2 |

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|--|------------------------|--------------------------------|--------------|---------------|
| CASE | DATE REVIEWED / CLOSED | IF ACTIVE, DATE OF NEXT REVIEW | | |
| ACTIVE <input type="checkbox"/> CLOSED | | | | |
| REPORTING OFFICER: DET | SIGNATURE | NAME PRINTED | TAX REG. NO. | COMMAND |
| EVIEWING / CLOSING | CASE | ENTER DESIGNATION | S. ABATE | 887084 43 PDS |
| SIGNATURE | | T.O.'s INITIALS | | |